

Washington

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits 	<p>A. Signature <i>Connie Harrison</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <i>12/15/06</i></p> <p>Address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Ms. Brown Central Records 1400 Lloyd Street Montgomery, AL 36130</p>	<p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>7005 1160 0001 2962 1263</p>	<p>102595-02-M-1540</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt</p>

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<p>Paul Whaley Director of Classification 1400 Lloyd Street Montgomery, AL 36130</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>7005 1160 0001 2962 1256</p>	<p>102595-02-M-1540</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt</p>